



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

Medication Error Reporting

Effective Date: January 27, 2014

Policy #: NS-06

Page 1 of 3

- I. PURPOSE:** To describe the procedures for reporting medication errors to ensure accurate and appropriate use of medications. To identify medication errors and provide information for review to allow follow up and implementation of change to prevent future medication errors.
- II. POLICY:**
 - A. Medications shall be properly prescribed, dispensed, and administered in accordance with Montana State Hospital policies, Pharmacy policies and procedures, and patient "Rights" (Right patient, Right medication, Right dose, Right route, Right time and frequency, and Right indication).
 - B. All errors or unanticipated events associated with the medication system or a step in the medication process shall be reported using the medication error notification form/medication error sheet whether or not the error reached the patient.
 - C. Licensed Independent Practitioner (LIP) must be notified as soon as possible of medication errors that have reached the patient; notification needs to be documented in the medical record.
 - D. The LIP should be notified as above in the event that late administration is deemed clinically significant.
- III. DEFINITIONS:**
 - A. Medication Error is any unanticipated event that may cause or lead to inappropriate medication administration or cause patient harm while the medication is in control of the health care professional or the patient. Unanticipated events may be related to professional practice, health care products, procedures, or systems, including prescribing, order communication, labeling, packaging, dispensing, distribution, administration, education, monitoring and use. (Refer to attachment A. Medication Error Notification Sheet [green sheet]; B. Medication Error Sheet [white sheet]).
- IV. RESPONSIBILITIES:**
 - A. Nurses are responsible for filling out and completing a medication error notification when a medication error is discovered, and for completing a medication error sheet when a medication error has been made.

V. PROCEDURE:

A. The Nurse who discovers the medication error will complete the medication error notification form.

1. The medication notification error form is then forwarded to the QI Department.
2. The QI Department will send the medication error notification form with the medication error sheet attached to the nurse responsible for the error. The QI Department will send a corresponding email to the nurse responsible for the error.
3. The nurse responsible for the medication error will complete the medication error sheet as instructed in part B; #1 through 6.

B. The Nurse who makes a medication error will complete the medication error sheet.

1. The following information will be included on the medication error sheet.
 - a. Person responsible for the error.
 - b. Name of the patient, the patient's hospital number, the date/time of the incident, and the date the incident was discovered, and who the error affected or involved.
 - c. The "Type" and the "Reason" of the error.
 - d. The Description of the incident.
 - e. The order as written.
 - f. If and in what way the patient was affected by the error, and what interventions were initiated.
 - g. Physician/Supervisor notified and by whom.
 - h. Signature/date/time of the person preparing the report.
2. When the medication error sheet is completed it will be forwarded to the QI Department.
3. The QI Department will record and file the completed medication error and a copy will be forwarded to the Nurse Manager on the unit where the error occurred.

Montana State Hospital Policy and Procedure

Medication Error Reporting

Page 3 of 3

4. The Nurse Manager will follow up on the medication error and will complete the follow up section of the medication error sheet.
5. The Nurse Manager will return the medication error follow up to the QI Department.
6. The QI Department will track, file, follow up, and ensure completion of the medication error sheet.

VI. REFERENCES: None.

VII. COLLABORATED WITH: Medical Director; Director of Nursing; Associate Director of Nursing; Nursing Supervisors.

VIII. RESCISSIONS: None, new policy.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Director of Nursing

XII. ATTACHMENTS:

- A. Medication Error Notification Sheet (Green Sheet)
- B. Medication Error Sheet (White Sheet)

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, M.D. Date
Medical Director

MONTANA STATE HOSPITAL
MEDICATION ERROR NOTIFICATION

TO: _____ DATE: _____

Review of the patient file/MAR indicates you have made a medication and/or MAR procedural error involving the patient indicated below. Person discovering error is to complete this form and send it to the Quality Assurance Department (QI).

PATIENT NAME: _____ MSH #: _____

UNIT: _____ DATE of ERROR: _____

TYPE OF ERROR: _____

You must complete a MEDICATION ERROR SHEET immediately and send it to Quality Assurance Department (QI) WITHIN one week of receipt of this notice.

MONTANA STATE HOSPITAL
MEDICATION ERROR NOTIFICATION

TO: _____ DATE: _____

Review of the patient file/MAR indicates you have made a medication and/or MAR procedural error involving the patient indicated below. Person discovering error is to complete this form and send it to the Quality Assurance Department (QI).

PATIENT NAME: _____ MSH #: _____

UNIT: _____ DATE of ERROR: _____

TYPE OF ERROR: _____

You must complete a MEDICATION ERROR SHEET immediately and send it to the Quality Assurance Department (QI) within one week of receipt of this notice.

WHITE SHEET, ATTACHEMENT B

MEDICATION ERROR SHEET

Person responsible for Error: _____

Name of Patient: _____ **Hospital Number:** _____

Date/Time of Incident: _____ **Date of Discovered:** _____

Day: **M** **T** **W** **TH** **F** **S** **SN** (circle one) **Shift:** **D** **A** **N** (circle one)

Ward: **A** **B** **D** **E** **SPRATT** **TCU** **FTCU** **PINTLAR** (circle one)

TYPE OF ERROR:

REASON FOR ERROR:

- | | |
|-------------------------------------------|-------------------------------------|
| 1. Medication ordered, not given. | 1. Error in transcription. |
| 2. Medication given, not ordered. | 2. Missed order. |
| 3. Medication given, dose incorrect. | 3. Incomplete/confusing order. |
| 4. Medication given at incorrect time. | 4. Misread Mar. |
| 6. Medication given in an incorrect form. | 5. Misread medication label. |
| 7. Omission in charting. | 6. Miscalculated dose. |
| 8. Other | 7. Misidentified patient. |
| | 8. Medication charted, not given. |
| | 9. Patient off unit. |
| | 10. MAR/TX Guidelines not followed. |
| | 11. Pharmacy error. |
| | 12. Medication given, not charted. |
| | 13. Follow up of PRN not completed. |

Description of Incident: _____

Order as Written: _____

Was Patient directly affected by the Medication Error? **Y** **Y** **N** **Unk** (Circle One)

If Yes, in what way? What interventions were required? _____

Physician Notified: **Y** **N** **Name:** _____ **Date/Time:** _____

Supervisor Notified: **Y** **N** **Name:** _____ **Date/Time:** _____

Signature of Person Preparing Report: _____

Please send to the Quality Assurance Department (QI)

Follow up by Supervisor: _____

Night Audit Completed? **Y** **N**

Severity of Error: **1** **2** **3**

IDENTIFY SEVERITY OF MEDICATION ERROR

1. No adverse effect. No Intervention required except monitoring or observation.
2. Short term adverse effect which was reversed by treatment.
3. Permanent loss of function or a life-threatening condition or death.

Signature of Supervisor: _____